

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 9-445 223 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		INC.	DEP.	INC.	DEP.	INC.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1									
2		1		1								
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TOTAL IND.	6		5									
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TOTAL CLAIMS	41		41									
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